



**Rod R. Blagojevich, Governor**  
**Barry S. Maram, Director**

## **Illinois Department of Public Aid**

201 South Grand Avenue East  
Springfield, Illinois 62763-0001

**Telephone:** (877) 782-5565  
**TTY:** (800) 526-5812

June 16, 2005

### **INFORMATIONAL NOTICE**

**TO: Participating Medical Providers**

**RE: Electronic Claim Status Inquiries**

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With the implementation of the electronic claim status transactions through the department's Medical Electronic Data Interchange Internet Electronic Claims (MEDI IEC) System, effective August 1, 2005, the department will no longer process claim status inquiries for providers. On average, the department processes approximately 16,000 claim status inquiries per month. Although the department will continue to process claim status inquiries received by mail, fax, e-mail or telephone through July 31, 2005, providers should begin using the MEDI IEC system for claim status transactions as soon as possible.

The following outlines the automated electronic methods available to providers to use for claim status verification:

#### **Recipient Eligibility Verification (REV) vendors**

Some REV vendors offer claim status information to their customers. For more information on REV vendors, please refer to <http://www.dpallinois.com/rev/> or <http://www.ildpa.com/rev/>, and contact one of these vendors.

#### **MEDI IEC**

MEDI IEC allows for either real-time claim status inquiry capability using DDE or batch inquiry capability using the HIPAA 276-277 transaction format.

**DDE:** The Direct Data Entry (DDE) capability will provide you an immediate response on the status of a **single** claim for up to 90 days from the Date of Voucher for NIPS/Pharmacy claims and 180 days for Institutional claims. Status checks on claims with a Voucher Date older than this must be performed using the batch 276 transaction described below.

**Batch:** The batch capability will allow you to perform either a single inquiry for a claim not meeting the DDE date criteria above or to perform an inquiry for multiple claims in one batch. Batch inquiries will be processed overnight and the responses (277 transaction) will be available on the MEDI IEC Web site the next business day. It is the submitters responsibility to access the Web site and download the 277 transaction. Please submit only one batch file per day with a limit of 5,000 inquiries per transaction set (ST/SE).

Please note that the 277 transactions will contain only the HIPAA defined response codes and associated messages. The department's proprietary error messages used on remittance advices will not be displayed. Information regarding the HIPAA 276-277 transactions was outlined in a notice issued by the department on January 27, 2005. This notice can be found on the department's Web site at:

<http://www.dpallinois.com/all/> or <http://www.ildpa.com/all/>

Providers will continue to receive remittance advices for paid claims separately from those for rejected and suspended claims. Remittance advices for rejected and suspended claims are issued on a weekly basis. The department is currently developing the HIPAA 835 Health Care Claim Payment/Advice transaction. Providers will be informed via an informational notice when the 835 become available.

Please remember, you can register to receive e-mail notification when new provider information has been posted by the department by going to the following IDPA Web site:

<http://www.dpallinois.com/provrel/> or <http://www.ildpa.com/provrel/>

It is the responsibility of each provider to ensure that all material related to changes in the department's billing procedures, handbooks, etc., is shared with their software vendor, corporate help desk or information systems area.

If you have any questions regarding this notice, please contact the Bureau of Comprehensive Health Services toll-free at 1-877-782-5565. To ensure correct routing of your question, please identify the questions as being related to "Claim Status Inquiries" or "276/277."

Anne Marie Murphy, Ph.D.  
Administrator  
Division of Medical Programs